



FIRST RESPONDER DEFIBRILLATION STANDING ORDER

I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.90, 1797.220, and 1798; California Code of Regulations, Title 22, Sections 100021 and 100064.

II. APPLICATION:

This policy defines the standing orders for a first responder accredited to use an automated external defibrillator.

III. PROCEDURE:

These standing orders are for medical cardiac arrest patients, and cardiac arrest victims of blunt trauma ≥ 8 years old and ≥ 55 pounds (25 kg) in weight.

- A. Immediately upon arrival, verify unconsciousness, assess respirations, and verify circulatory arrest by the absence of a pulse.
- B. Initiate CPR; ventilate with 100% oxygen, if possible.
- C. If the patient does not qualify for application of the defibrillator, continue CPR and prepare the patient for ALS treatment/STAT transport.
- D. Apply defibrillator and follow the manufacturer's instructions.
- E. If the defibrillator determines that a shockable rhythm is present after the initial series of three (3) shocks, perform one (1) minute of CPR. Stop CPR after one (1) minute and analyze the patient's rhythm. If another sequence of shocks is indicated, repeat the defibrillation/assessment process as per manufacturer's instructions.
- F. If a non-shockable rhythm is present, check the patient's pulse, then perform CPR for one (1) minute. Repeat rhythm analysis and if again a non-shockable rhythm is present, check the pulse. If no pulse, resume CPR and re-analyze every 2-3 minutes.
- G. If the patient remains unconscious and pulseless after the sixth shock, continue CPR. Determine the ETA of the ALS unit and prepare for STAT BLS transport if needed. If the ETA of the ALS unit to the scene exceeds the time required to deliver the patient to the closest PRC by BLS ambulance Code 3 transport, the patient is to be delivered to the closest PRC, escorted by the first responder team. The PRC is to be notified via ambulance company dispatcher.

Automated defibrillators shall not be utilized while in a moving vehicle. Approximately five (5) minutes following the last machine analysis of the rhythm, pull the ambulance to the side of the road and allow the machine to again analyze the rhythm. Proceed as indicated by the defibrillator for no more than three additional shocks. Resume Code 3 transport to the closest PRC.

- H. At no time, except for the determination of the underlying rhythm and delivery of shocks, should CPR cease for more than 45 seconds.

Italicized Text Identifies Quotations From An Authority Outside The OCEMS.

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- I. When the patient is released to an ALS unit for transport, the medical control module and any tape record must be retained by the first responder defibrillation agency.

IV. SPECIAL CONSIDERATIONS:

- A. Medication Patches: If a medication patch (e.g., Nitro-patch) is present on the chest or back, remove it. It is possible for an electrical current to pass through a patch, resulting in sparking and/or burns.
- B. Pacemakers: Avoid placing the electrodes over or near the pacemaker. Pacemakers can absorb or reflect energy and decrease the chance of a successful defibrillation or may cause the pacemaker to become ineffective.
- C. Implantable Defibrillators: Avoid placing electrodes over or near implantable defibrillators. These devices are usually found beneath the skin in the upper abdomen. If the unit is firing, allow it to stop before applying the automated defibrillator.

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